

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718860

1. Entity Name

HOW-HOUSE, INC.

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90142 010 ****61.25

Principal Place of Business

Mailing Address

1116 MAIN ST.
 TITUSVILLE FL 32796-3352

P.O. BOX 6167
 TITUSVILLE FL 32782-6167

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7098499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBILLARD, RONALD
 4295 N INDIAN RIVER DRIVE
 COCOA FL 32927

Name: Rose K. Mitchell
 Street Address (P.O. Box Number is Not Acceptable)
2604 Tomoka Ave.
 City: Titusville FL Zip Code 32780

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Rose K. Mitchell

Rose K. Mitchell

4/23/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
SD	MITCHELL, ROSE	2604 TOMOKA	TITUSVILLE FL 32780				
D	LUNDY, JOHN	3840 RICHY ROAD	MIMS FL				
D	DECATUR, ROBERT	7990 WINDOVER WY	TITUSVILLE FL 32780				
PD	ROBILLARD, RON	4925 INDIAN RIVER DR	COCOA FL 32927				
TD	MITCHELL, MARY	1756 ROBINHOOD AVE	TITUSVILLE FL				

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rose K. Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

321-269-4629

Daytime Phone #